

**Michigan Department of
Corrections**

**Request for Information-
Informational Meeting**

Data Packet

November 29, 2007

**Website for MDOC Prisoner Health
Care – RFI and additional updates**

<http://www.michigan.gov/corrections>

Current Telemedicine Sites

DEPARTMENT OF CORRECTIONS CURRENT TELEMEDICINE SITES

Alger Maximum Correctional Facility
Baraga Maximum Correctional Facility
Bellamy Creek Correctional Facility
Brooks Correctional Facility
Chippewa Correctional Facility
Gus Harrison Correctional Facility
Ionia Maximum Correctional Facility
Lakeland Correctional Facility
Macomb Correctional Facility
Newberry Correctional Facility
Oaks Correctional Facility
Ojibway Correctional Facility
Pugsley Correctional Facility
Ryan Correctional Facility
Saginaw Correctional Facility
Scott Correctional Facility
St. Louis Correctional Facility
Standish Correctional Facility
Thumb Correctional Facility
Huron Valley Women's Correctional Facility

Current Chronic Care Clinics by Facility

Appendix R Chronic Care Patients as of August 2007											
	Cardiac/HTN	Diabetic	Disability	Endocrine	Gastrointes	Generic	Hep C	Infectious	Neurologic	Pulmonary	Seizure
ACF	136		6	37	55		47	7	18	57	
CDW	13			2	4		6			12	
AMF	73		1	5	35	1	31	3	4	50	
CKT	1				1						
ARF	161		9	36	42	2	71	11	15	59	1
ATF	146		5	61	42	9	43	6	13	55	
DRF	202		23	33	66	5	76	4	15	75	
DWH	18		6	11	1		4	1	1	2	
ECF	67		5	11	31	1	32	7	23	66	1
HTF	147		1	26	94		49	1	18	74	
HVM	75		6	35	17		29	8	20	31	
SAI	1										
IBC	187		3	31	75	1	62	9	25	110	
ICF	110		3	18	36	1	54	11	20	58	
ITF	164		4	71	49		66	4	13	71	
JCF	317		32	96	92	3	105	44	33	126	1
JCS	153	1	3	32	58	1	61	10	13	78	
JMF	181	1	17	49	46		47	28	16	52	1
KCF	237		6	68	104		113	2	24	150	
KTF	146		1	25	56	1	37	2	15	75	
LCF	216	1	37	54	69		65	10	13	72	1
CCU	58			4	32		29	1	3	44	
LMF	67		1	14	44		25	4	8	43	
LRF	176	22		58	47	4	77	3	19	81	
MBP	193			42	67		64	4	16	123	
MCF	205		8	49	67	3	94	9	25	93	
MPF	133		2	31	88		39	2	15	75	
MRF	125	1	11	28	35	3	58	2	27	78	1
MTF	195		4	51	83	3	55	5	17	63	
MTU	41		2	8	19		15	2	10	75	
NCF	92		1	22	28		19	3	5	55	
NRF	120		10	29	32		36	4	5	62	
OCF	154		3	29	71	1	43	2	10	62	

Appendix R
Chronic Care Patients as of August 2007

Appendix R											
Chronic Care Patients as of August 2007											
	Cardiac/HTN	Diabetic	Disability	Endocrine	Gastrointest	Genetic	Hep C	Infectious	Neurologic	Pulmonary	Seizure
OTF	242		8	42	57	1	40	5	9	84	
RCF	244		5	74	52	1	81	13	22	98	
RG	55	1	22	22	21		33	8	6	33	
RRF	154		6	52	18		65	10	11	51	
CWL											
SCF	74			45	41	1	44	9	32	42	
SLF	90		5	15	38		39	8	10	78	
CLE	42			4	22		20			30	
SMF	64		4	10	35	1	21	11	12	53	
SMT	321		31	110	85	1	87	28	41	100	
SPR	135			17	55		46	3	9	63	
SFR	169		8	25	59		61	3	8	79	
STF	158		12	43	56		48	5	12	64	1
TCF	129		5	29	32	1	63	3	4	58	
URF	99		4	22	44	1	49	1	20	98	
CVH	51		1	8	13		22		8	28	
WHV	100		2	46	36		59	6	23	72	
Totals	6437	27	323	1630	2250	46	2330	322	686	3173	7

**Request for Proposal
Appendix Data from RFP
issued July 2007**

Michigan Department of Corrections Demographic Information Region 3									
	Camp		Pugsley MPF	Oaks ECF	Standish SMF		Saginaw SRF		Custody Level Description Level 1- minimum security Level 2- medium security Level 3- medium security Level 4- close security Level 5- max security
	Lehman CLE								
Facility Levels:									
Level 1 Population	576	1148							103
Level 1-Average Age	33	37							37
Level 2 Population									717
Level 2-Average Age									38
Level 3 Population									1
Level 3-Average Age									32
Level 4 Population				676					619
Level 4-Average Age				34					32
Level 5 Population					253				
Level 5-Average Age					34				
Other Level Population				232					3
Segregation									
Temporary Holding Cells					245				
Other Level Population-Average Age				32					32
Total Facility Population	576	1148		908	253				1443
Facility Gender									
Total Capacity	Male	Male	Male	Male	Male	Male	Male	Male	1480
	582	1158		1156	620				

* Additional demographic information is available on the MDOC webpage at www.michigan.gov/corrections

* This information is based on a snap shot of the prisoner population on June, 2007

Michigan Department of Corrections Demographic Information Region 3		Camp		Pugsley MPF	Oaks ECF	Standish SMF	Saginaw SRF	Custody Level Description Level 1- minimum security Level 2- medium security Level 3- medium security Level 4- close security Level 5- max security	* Additional demographic information is available on the MDOC webpage at www.michigan.gov/corrections
		Lehman CLE							
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Level 1 Population		576	1148					103	
Level 1-Average Age		33	37					37	
Level 2 Population								717	
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Level 4 Population					676			619	
Level 4-Average Age					34			32	
Level 5 Population						253			
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Other Level Population					232			3	
Segregation									
Temporary Holding Cells						245			
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Total Facility Population		576	1148		908	253		1443	
Facility Gender		Male	Male	Male	Male	Male	Male		
Total Capacity		582	1158	1156	620	1480			
* This information is based on a snap shot of the prisoner population on June, 2007									

Study Level	Description
Level 1-	minimum security
Level 2-	medium security
Level 3-	medium security
Level 4-	close security
Level 5-	max security

576	1148	103
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Level 1 Population	576	1148	103	Level 4 - close security
Level 1-Average Age	33	37	37	Level 5 - max security
Level 2 Population			717	
Level 2-Average Age			38	
Level 3 Population			1	
Level 3-Average Age			32	
Level 4 Population		676	619	
Level 4-Average Age		34	32	
Level 5 Population			253	
Level 5-Average Age			34	
Other Level Population		232	3	
Segregation			245	
Temporary Holding Cells				
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Michigan Department of Corrections					
Health Care Demographic Information					
Region 3					
	Camp				
	Lehman	Pugsley	Oaks	Standish	Saginaw
	CLE	MPF	ECF	SMF	SRF
Health Care Clinic Information:					
# of Clinic Exam Rooms	1	1	4	2	5
# of Infirmary Beds	0	0	0	0	0
On Site X Ray Equipment	No	No		Yes	Yes
Backup Pharmacy	Grayling Pharmacy	Bostick's	The Apothecary	Pamida	Bridgeport Pharmacy
Local Hospital	Grayling Mercy	Munson Medical Center	West Shore	St. Marys	Covenant/St. Marys
Ambulance Service	MMR	Kingsley Ambulance/Fife Lake	Mobile Health Resources	MMR	Mobile Medical Response
On Site Optometry	No	Yes	No	Yes	Yes
MDOC Health Care Clinic Staffing (Civil Servant)					
General Office Assistant					
Medical Records Examiner		1		1	1
Pharmacy Assistant		1	1	1	1
Practical Nurse Licensed			1	1	
Registered Nurse	2	8	9	7	9
Secretary		1	1	1	1
Word Processor		1	1	1	1
X Ray Tech			0.1	0.1	0.2
Total Clinical Staffing	2	12	13.1	12.1	13.2
24 hour/ 7 days per week Nursing Staffing	No	Yes	Yes	Yes	Yes

Appendix E						
Outpatient - Other Hospital Encounters and Service Units						
04/01/05-03/31/06						
PROC DESCRIPTION	OUT-PATIENT HOSPITAL - OTHER	CLE	ECF	MPF	SMF	SRF
CHEMOTHERAPY-INJECTED	Hospital Encounters					5
	Service Units					5
EMERGENCY ROOM	Hospital Encounters	156	229	115	202	137
	Service Units	156	229	115	202	137
LAB	Hospital Encounters	358	8	23	35	7
	Service Units	358	8	23	35	7
OPERATING ROOM-SERVICES	Hospital Encounters	7	1	9	7	14
	Service Units	7	1	9	7	14
OUTPATIENT CLINIC	Hospital Encounters	1				14
	Service Units	1				14
XRAY	Hospital Encounters	77	49	208	50	13
	Service Units	77	49	208	50	13
Total Hospital Encounters		599	291	355	294	191
Total Service Units		599	291	355	294	191

Appendix E						
Outpatient Physician Services by Encounter and Unit for 4/1/05-3/31/06						
PROC DESCRIPTION	OUTPATIENT PROFESSIONAL SERVICES	CLE	ECF	MPF	SMF	SRF
ADVANCED LIFE SUPPORT, LEVEL 2	OP Professional Service Encounters	1		2	1	4
	Service Units	1		2	1	4
AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERG. TRANSPORT LEVEL	OP Professional Service Encounters	7	44	7	64	41
	Service Units	7	44	7	64	41
AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT	OP Professional Service Encounters		9	26	4	1
	Service Units		7	26	4	1
COMPREHENSIVE EYE EXAM, NEW PATIENT	OP Professional Service Encounters		1		1	1
	Service Units		1		1	1
COMPREHENSIVE HEARING TEST	OP Professional Service Encounters				4	4
	Service Units				4	4
COMPREHENSIVE ORAL EVALUATION	OP Professional Service Encounters		26	75		
	Service Units		24	75		
EMERGENCY DEPT VISIT, HIGH	OP Professional Service Encounters		29	67	127	72
	Service Units		29	67	127	70
EMERGENCY DEPT VISIT, LOW-MODERATE	OP Professional Service Encounters		51	8	8	2
	Service Units		51	8	8	2
EMERGENCY DEPT VISIT, MODERATE	OP Professional Service Encounters		160	47	59	57
	Service Units		160	47	59	55
EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT	OP Professional Service Encounters	16	1	9	1	
	Service Units	16	1	22	1	

Appendix D					
Inpatient Days					
04/01/05-03/31/06					
Facility		Total Other Hospital Days	Total Other Hospital Patients	Foote Hospital Days	Foote Hospital Patients
Region 3					
CLE-CAMP LEHMAN		15	6		
MPF-MICHIGAN PUGSLEY FAC		80	15		
ECF-OAKS CORRECT FAC		39	11	36	4
SMF-STANDISH MAX CORREC		134	29	22	4
SRF-SAGINAW CORRECT FAC		209	31	26	6
NORTH. REG. CORREC CNTR		6	3		
Region 3 Total		483	95	84	14

Appendix E					
Outpatient Foote Hospital Encounters and Service Units					
04/01/05-03/31/06					
PROC DESCRIPTION	Out-Patient Foote Hospital	ECF	MPF	SMF	SRF
ALL INCLUSIVE ANCILLARY	Foote Hospital Encounters				
	Service Units				
ANESTHESIA	Foote Hospital Encounters	1		7	3
	Service Units	4		35	13
BACTERIOLOGY AND MICROBIOLOG	Foote Hospital Encounters				
	Service Units				
BLOOD ADMINISTRATION	Foote Hospital Encounters				
	Service Units				
BLOOD STORAGE	Foote Hospital Encounters				
	Service Units				
BODY SCAN	Foote Hospital Encounters				10
	Service Units				14
CARDIAC CATH LAB	Foote Hospital Encounters				
	Service Units				
CARDIAC CATHETER LAB	Foote Hospital Encounters				
	Service Units				
CARDIOLOGY	Foote Hospital Encounters				4
	Service Units				12
CAST ROOM	Foote Hospital Encounters				
	Service Units				
CHEMISTRY	Foote Hospital Encounters	1		9	2

Michigan Department of Corrections					
Statistical Information					
Region 3					
	Camp				
	Lehman	Pugsley	Oaks	Standish	Saginaw
	CLE	MPF	ECF	SMF	SRF
Average Monthly Pharmacy Costs					
Avg Monthly Cost of Pharmaceuticals		\$34,250	\$17,326	\$30,123	\$31,826
Avg Monthly Prescriptions		2006	876	1099	2242
Average # of Prescriptions per Inmate		1.75	0.96	2.21	1.54
Avg. Prisoners with Current Prescriptions		620	396	314	629
Chronic Care Information:					
Prisoners in 1/2 chronic care clinics		442		171	
Prisoners in >2 chronic care clinics		34		28	

Appendix M Lab Encounters and Service Units		04/01/05-			
PROC DESCRIPTION	OUT PATIENT LAB	ECF	MPF	SMF	SRF
6-MERCAPTOPURINE, 6MMP	Lab Encounters				
	Service Units				
	Service Units				
ASSAY, BLOOD MERCURY	Lab Encounters				
	Service Units				
ASSAY, BLOOD OSMOLALITY	Lab Encounters				
	Service Units				
ASSAY, BLOOD PHOSPHORUS	Lab Encounters				
HEPATITIS A ANTIBODY IGG AND IGM	Lab Encounters				
	Service Units				
HEPATITIS B CORE ANTIBODY	Lab Encounters				
	Service Units				
HEPATITIS B DNA PCR	Lab Encounters				
	Service Units				
HEPATITIS B SURFACE ANTIBODY	Lab Encounters				
	Service Units				
HEPATITIS B SURFACE ANTIGEN	Lab Encounters				
	Service Units				
HEPATITIS BE ANTIBODY	Lab Encounters				
	Service Units				
LAB	Lab Encounters	24	24	24	24
	Service Units	1995	6517	3455	4958
LAMICTAL	Lab Encounters				
	Service Units				
OTHER LAB	Lab Encounters	11	10	9	12
	Service Units	34	30	20	24
	Service Units				
Total Lab Encounters		35	34	33	36
Total Service Units		2029	6547	3475	4982

Ambulance Runs 04/01/05-03/31/06			
Facility	Procedure Code	Procedure Description	Total Runs
CLE	A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERG TRANSPORT, LEVEL 1	7
	A0433	ADVANCED LIFE SUPPORT, LEVEL 2	1
CLE Total			8
ECF	A0426	AMBULANCE SERVICES, ADVANCED LIFE SUPPORT, NON-EMERG TRANSPORT, LEVEL 1	4
	A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERG TRANSPORT, LEVEL 1	44
	A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT	9
ECF Total			57
MPF	A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERG TRANSPORT, LEVEL 1	7
	A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT	26
	A0433	ADVANCED LIFE SUPPORT, LEVEL 2	2
MPF Total			35
SMF	A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERG TRANSPORT, LEVEL 1	64
	A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT (BLS)	1
	A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT	4
	A0433	ADVANCED LIFE SUPPORT, LEVEL 2	1
SMF Total			70
SRF	A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERG TRANSPORT, LEVEL 1	41
	A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT (BLS)	1
	A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT	1
	A0433	ADVANCED LIFE SUPPORT, LEVEL 2	4
SRF Total			47

Top 50 Most Prescribed Drugs			
April - June 2007			
Drug	Amount	Avg Per Month	Average Monthly Scripts Written
Quetiapine Fumarate	\$ 855,270	\$ 285,090	1938
Risperidone (30Ml)	\$ 581,290	\$ 193,763	244
Olanzapine Disintegr	\$ 283,088	\$ 94,363	64
Peginterferon A-2A (1Ml)	\$ 274,926	\$ 91,642	92
Beclomethasone Inhaler (7.3)	\$ 274,862	\$ 91,621	2186
Efavirenz/Emtricit/Tenofovir	\$ 270,645	\$ 90,215	83
Ipratropium Brom (13)	\$ 240,512	\$ 80,171	1207
Aripiprazole	\$ 217,956	\$ 72,652	281
Atazanavir Sulfate	\$ 194,303	\$ 64,768	103
Felodipine	\$ 156,121	\$ 52,040	1578
Emtricitabine/Tenofovir	\$ 149,510	\$ 49,837	74
Olanzapine	\$ 146,881	\$ 48,960	320
Tamsulosin Hcl	\$ 145,286	\$ 48,429	688
Albuterol Inhaler (17Gm)	\$ 130,520	\$ 43,507	3157
Hepatitis B Vaccine Vial (1Ml)	\$ 123,281	\$ 41,094	39
Glatiramer (1=30 Syrg/Box)	\$ 103,481	\$ 34,494	16
Divalproex (24Hr Tab)	\$ 100,932	\$ 33,644	353
Ziprasidone Hcl	\$ 98,753	\$ 32,918	232
Ritonavir	\$ 92,552	\$ 30,851	103
Lovastatin	\$ 92,064	\$ 30,688	2864
Clopidogrel Bisulfate	\$ 90,154	\$ 30,051	321
AhF Factor 8 (Monoclonal)	\$ 84,548	\$ 28,183	2
Abacavir/Lamivudine	\$ 81,427	\$ 27,142	45
Abacav-3Tc-Azt	\$ 68,870	\$ 22,957	21
Efavirenz	\$ 65,778	\$ 21,926	51
Etanercept Vial (4/Box)	\$ 65,259	\$ 21,753	10
Tenofovir Disoproxil	\$ 64,600	\$ 21,533	58
Lopinavir/Ritonavir (120/Btl)	\$ 62,073	\$ 20,691	49
Venlafaxine Hcl Xr	\$ 58,933	\$ 19,644	213
Darbepoetin Alfa (1Ml)	\$ 53,053	\$ 17,684	10
Zolmitriptan (Ug)	\$ 51,481	\$ 17,160	124
Rosuvastatin Ca	\$ 50,041	\$ 16,680	215
Nifedipine	\$ 48,221	\$ 16,074	526
Rosiglitazone Maleate	\$ 47,795	\$ 15,932	120
Lamotrigine	\$ 47,500	\$ 15,833	125
Insulin Hum Nph VI (10Ml)	\$ 44,451	\$ 14,817	352
Topiramate	\$ 42,860	\$ 14,287	99
Atorvastatin	\$ 41,119	\$ 13,706	150
Latanoprost O/S (2.5Ml)	\$ 41,054	\$ 13,685	277
Filgrastim Vial (1.6Ml)	\$ 38,284	\$ 12,761	13
Insulin Hum 70/30 VI (10Ml)	\$ 38,115	\$ 12,705	290
Bupropion Hcl Sr	\$ 35,496	\$ 11,832	349
Enfuvirtide (1 Kit)	\$ 35,037	\$ 11,679	7
Valproic Acid	\$ 34,737	\$ 11,579	312

Appendix P					
Emergency Room Encounters					
2006			2005		
Facility	Total		Facility	Total	
CLE	161		CLE	65	
ECF	173		ECF	233	
MPF	89		MPF	119	
SMF	171		SMF	205	
SRF	173		SRF	128	

SAMPLE

Appendix R
Chronic Care Patients as of August 2007

	Cardiac/HTN	Diabetic	Disability	Endocrine	Gastrointes	Genetic	Hep C	Infectious	Neurologic	Pulmonary	Seizure
ECF	67		5	11	31		1	32	7	23	68
MPF	133		2	31	88			39	2	15	
CLE	42				4	22		20		75	
SMF	64		4	10	35		1	21	11	53	30
SF	169		8	25	59			3	1	12	53
SF								61	3	8	70

Actuarial Data



A MILLIMAN GLOBAL FIRM

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August 21, 2007

Via E-Mail

Ms. Lia L. Gulick
Manager, Financial Services Unit
Michigan Department of Corrections
Bureau of Fiscal Management

RE: Executive Summary of Rate Range Calculation Methodology

Dear Lia:

Milliman Inc. (Milliman) was retained by the State of Michigan, Department of Corrections (MDOC) to develop capitation rate ranges for prison health services for the contract period 4/1/2008 – 3/31/2009. The rate ranges were released by MDOC in conjunction with the Invitation to Bid #07117200254.

The rate ranges were developed separately for eight regions as defined by MDOC. This letter provides an overview of the approach used to calculate the rate ranges.

Executive Summary

Rate ranges were calculated for the contract period from 4/1/2008 – 3/31/2009. The rate ranges were calculated for prison health services on an at-risk capitated basis. They were based on three years of historical MDOC costs from 4/1/2004 through 3/31/2007 and adjusted to reflect:

- Trend
- Data Completion
- Known changes in populations
- Healthcare Management Savings

Milliman makes no representations or warranties regarding the contents of this report to third parties. Likewise, third parties are instructed that they are to place no reliance upon this report prepared for MDOC by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties. Other parties receiving this report must rely upon their own experts in drawing conclusions about the MDOC's capitation rates, assumptions, and trends.

OFFICES IN PRINCIPAL CITIES WORLDWIDE



Ms. Lia L. Gulick
Michigan Department of Corrections
Bureau of Fiscal Management
RE: Executive Summary of Rate Range Calculation Methodology
August 21, 2007
Page 2

The historical costs were reviewed separately for two broad types of expenses: on-site care and off-site care. On-site care is provided at the prison/camp by physicians using equipment at the prison. The on-site care costs also include the acquisition of the pharmaceuticals that are administered at the facilities. Off-site care refers to medical services provided outside of the facility.

The capitation rate ranges below reflect allowance for all on and off-site medical costs as well as a margin for administration.

**Michigan Department of Corrections
Contract Year Beginning 4/1/2008 Rate Ranges**

Region	Contract Year Beginning 4/1/2008 Capitated Rate Range	
	Floor	Ceiling
1	\$111.82	\$127.28
2	\$93.32	\$106.13
3	\$95.40	\$108.11
4	\$111.10	\$126.65
5	\$121.65	\$139.20
6	\$325.79	\$372.99
7	\$319.61	\$364.47
8	\$134.42	\$153.14

Limitations

The information contained in this report has been prepared for MDOC and its consultants and advisors. It is our understanding that the information contained in this letter may be utilized in a public document. To the extent that the information contained in this report is provided to third parties, the report should be distributed in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and healthcare modeling so as not to misinterpret the data presented.

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OFFICES IN PRINCIPAL CITIES WORLDWIDE



Ms. Lia L. Gulick
Michigan Department of Corrections
Bureau of Fiscal Management
RE: Executive Summary of Rate Range Calculation Methodology
August 21, 2007
Page 3

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In the course of this engagement we have relied on data provided to us by MDOC. This data includes claims and administrative data for the past three years from the current contractor and sub-contractor. We have performed no independent audit of the data we received. To the extent that the data we received was inaccurate, the results of our analyses will also be inaccurate.

Sincerely,

Jonathan M. Hendrickson, F.S.A., M.A.A.A.
Principal and Consulting Actuary

JMH/pc

Michigan Department of Corrections Summary of Claims and Trends - Overall

Region Code

Overall

	Contract Year 8			Contract Year 9			Contract Year 10			Trend 8/9			Trend 9/10		
	Utilization Per 1,000	Average Cost	PPM	Utilization Per 1,000	Average Cost	PPM	Utilization Per 1,000	Average Cost	PPM	Utilization Per 1,000	Average Cost	PPM	Utilization Per 1,000	Average Cost	PPM
Inmate Years															
Off - Site															
Hospital Inpatient															
Medical	158.7	1,618.70	21.41	177.4	1,737.57	25.69	215.8	1,753.15	31.50	12%	7%	20%	22%	1%	23%
Surgical	37.9	1,421.99	4.49	35.9	1,471.77	4.40	36.5	1,447.86	4.40	-5%	4%	-2%	2%	-2%	0%
Other	12.6	1,602.90	0.41	2.4	1,983.42	0.39	3.3	1,980.83	0.54	-8%	3%	-5%	37%	1%	38%
Total	199.2	\$1,565.90	\$26.31	215.6	\$1,695.86	\$30.47	255.5	\$1,711.59	\$36.45	8%	7%	16%	19%	1%	20%
Hospital Outpatient															
Emergency Room	143.7	\$906.21	\$10.86	143.6	\$1,044.84	\$12.50	163.6	\$1,104.72	\$15.07	0%	15%	13%	14%	6%	20%
Surgery	19.1	3,092.44	4.92	20.4	3,350.69	5.70	24.7	2,946.92	6.05	7%	8%	16%	21%	-12%	6%
Out Path	6,027.8	8.87	9.48	5,968.7	21.73	10.81	6,074.9	24.65	12.48	-1%	15%	14%	2%	13%	15%
Outpatient	18.5	440.71	0.62	1,036.4	49.67	4.29	965.7	45.34	3.65	5%	13%	18%	-7%	-9%	-15%
Total	7,178.2	\$462.28	\$38.86	7,189.1	\$55.73	\$33.29	7,228.9	\$61.83	\$37.25	0%	15%	15%	1%	11%	12%
Other															
Ambulance	1,153.6	30.42	2.92	1,027.4	34.64	2.97	1,090.4	36.20	3.29	-11%	14%	1%	6%	5%	11%
Other	296.1	39.16	0.97	766.9	20.74	1.33	313.2	43.11	1.13	159%	-47%	37%	-59%	108%	-15%
Total	1,449.7	\$32.21	\$3.89	1,794.3	\$28.70	\$4.29	1,403.6	\$37.74	\$4.41	24%	-11%	10%	-22%	32%	3%
Professional															
Surgery	143.8	390.90	4.68	142.1	440.27	5.22	170.2	427.44	6.06	-1%	13%	11%	20%	-3%	16%
Office / Home Visits	37.7	84.88	0.27	53.1	87.73	0.39	66.3	88.84	0.49	41%	3%	46%	25%	2%	24%
Emergency Room Visits	136.7	109.59	1.25	140.7	110.89	1.30	161.7	120.13	1.62	3%	1%	4%	15%	8%	20%
Outpatient Visits	103.1	102.10	2.58	316.1	104.09	2.74	386.2	102.00	3.28	4%	2%	6%	22%	-2%	20%
Out Path	67.4	160.81	1.46	17.88	17.88	1.14	870.7	18.76	1.28	16%	-8%	7%	6%	7%	13%
Other	516.1	126.31	5.54	482.7	99.22	3.16	1,342.9	66.88	5.81	33%	-21%	5%	52%	-33%	2%
Total	1,804.7	\$101.57	\$15.27	2,115.1	\$93.55	\$16.49	2,406.1	\$96.66	\$96.66	17%	-8%	14%	25%	-10%	12%
Off - Site Subtotal			\$74.36			\$84.55									
On-Site															
Link Costs															
Pharmacy															
On-Site Subtotal			\$16.08			\$18.85									
On-Site Subtotal			\$16.08			\$18.85									
GRAND TOTAL			\$90.43			\$103.40									

* note: trend does not include drugs, which were only in Contract Year 10

MILLIMAN

Michigan Department of Corrections Projection - Overall

Region Code

Overall

Inmate Years

Off - Site

Hospital Inpatient

Medical

Other

Total

Hospital Outpatient

Emergency Room

Radiology

Radiation

Other

Total

Other

Emergency

Other

Total

Professional

Surgery

Office/Home Visit

Emergency Room Visit

Other

Radiology

Radiation

Other

Total

Off - Site Subtotal

On-Site

Unit Costs

Pharmacy

Dispensing Fee

On-Site Subtotal

Total Medical Cost of Care

Admin

GRAND TOTAL

Contract Year 10		Contract Year 10 - Adjusted		Contract Year 10 - Unadjusted	
Utilization Per 1,000	Average Cost	Utilization Per 1,000	Average Cost	Utilization Per 1,000	Average Cost
215.8	1,752.15	221.0	1,752.15	239.0	1,895.12
36.5	1,447.86	37.4	1,447.86	40.4	1,566.01
285.5	\$1,711.59	258.4	\$1,711.59	283.0	\$1,851.26
163.6	\$1,104.72	168.3	\$1,104.72	175.1	\$1,288.54
24.7	2,946.92	25.4	2,946.92	26.4	3,437.79
6,095.7	24,655.15	6,247.7	24,655.15	6,500.1	28,751.57
965.7	45.34	993.2	45.34	1,033.3	52.88
7,228.9	\$61.83	7,434.5	\$61.83	7,734.8	\$72.12
1,090.4	36.20	1,121.4	36.20	1,166.7	37.66
1,815.2	43.11	1,822.1	43.11	1,855.1	44.85
1,483.6	\$37.74	1,443.5	\$37.74	1,501.9	\$39.27
170.2	427.44	175.0	427.44	189.3	462.31
66.3	88.84	68.2	88.84	73.8	126.09
361.7	120.13	366.3	120.13	379.9	129.93
384.5	102.00	397.2	102.00	429.6	110.32
820.7	135.76	844.1	135.76	912.9	202.79
1,042.9	66.88	1,071.1	66.88	1,160.1	72.33
2,648.1	\$84.06	2,723.4	\$84.06	2,845.7	\$90.92
	\$96.66		\$96.25		\$117.38
	\$19.98		\$19.98		\$19.98
22,355	\$24.49	22,355	\$24.49	24,180	\$27.44
	\$46.36		\$46.36		\$55.28
	\$66.34		\$66.34		\$44.29
	\$163.00		\$163.00		\$79.55
					\$196.93
					\$15.25
					\$212.19

Trend		Trend		Trend	
Utilization Per 1,000	Average Cost	Utilization Per 1,000	Average Cost	Utilization Per 1,000	Average Cost
4%	4%	4%	4%	4%	4%
4%	4%	4%	4%	4%	4%
4%	4%	4%	4%	4%	4%
2%	2%	2%	2%	2%	2%
2%	2%	2%	2%	2%	2%
2%	2%	2%	2%	2%	2%
2%	2%	2%	2%	2%	2%
2%	2%	2%	2%	2%	2%
2%	2%	2%	2%	2%	2%
4%	4%	4%	4%	4%	4%
4%	4%	4%	4%	4%	4%
4%	4%	4%	4%	4%	4%
4%	4%	4%	4%	4%	4%
4%	4%	4%	4%	4%	4%
0%	0%	0%	0%	0%	0%
4%	4%	4%	4%	4%	4%

Projection - Unadjusted		Projection - Unadjusted		Projection - Unadjusted	
Utilization Per 1,000	Average Cost	Utilization Per 1,000	Average Cost	Utilization Per 1,000	Average Cost
239.0	1,895.12	239.0	1,895.12	239.0	1,895.12
40.4	1,566.01	40.4	1,566.01	40.4	1,566.01
283.0	\$1,851.26	283.0	\$1,851.26	283.0	\$1,851.26
175.1	\$1,288.54	175.1	\$1,288.54	175.1	\$1,288.54
26.4	3,437.79	26.4	3,437.79	26.4	3,437.79
6,500.1	28,751.57	6,500.1	28,751.57	6,500.1	28,751.57
1,033.3	52.88	1,033.3	52.88	1,033.3	52.88
7,734.8	\$72.12	7,734.8	\$72.12	7,734.8	\$72.12
1,166.7	37.66	1,166.7	37.66	1,166.7	37.66
1,855.1	44.85	1,855.1	44.85	1,855.1	44.85
1,501.9	\$39.27	1,501.9	\$39.27	1,501.9	\$39.27
189.3	462.31	189.3	462.31	189.3	462.31
73.8	126.09	73.8	126.09	73.8	126.09
379.9	129.93	379.9	129.93	379.9	129.93
429.6	110.32	429.6	110.32	429.6	110.32
912.9	202.79	912.9	202.79	912.9	202.79
1,160.1	72.33	1,160.1	72.33	1,160.1	72.33
2,845.7	\$90.92	2,845.7	\$90.92	2,845.7	\$90.92
	\$117.38		\$117.38		\$117.38
	\$19.98		\$19.98		\$19.98
24,180	\$27.44	24,180	\$27.44	24,180	\$27.44
	\$55.28		\$55.28		\$55.28
	\$44.29		\$44.29		\$44.29
	\$79.55		\$79.55		\$79.55
	\$196.93		\$196.93		\$196.93
	\$15.25		\$15.25		\$15.25
	\$212.19		\$212.19		\$212.19

MILLMAN

Michigan Department of Corrections
Projection - Overall

Region Code

Overall

	Projection - Unadjusted			DoHCM - Upper Bound			Projection - Upper Bound			DoHCM - Lower Bound			Projection - Lower Bound		
	Utilization Per 1,000	Average Cost	PPM	Utilization Per 1,000	Average Cost	PPM	Utilization Per 1,000	Average Cost	PPM	Utilization Per 1,000	Average Cost	PPM	Utilization Per 1,000	Average Cost	PPM
Inmate Years															
Off - Site															
Hospital Inpatient															
Medical	239.0	1,695.12	37.74	90%	101%		216.2	1,906.38	34.34	76%	103%		182.3	1,946.23	29.57
Surgical	46.4	1,536.01	32.28	89%	101%		35.9	1,381.73	4.74	72%	104%		29.2	1,636.22	3.98
Other	3.6	2,162.46	\$43.66	91%	99%		3.3	2,728.49	0.58	78%	100%		2.8	2,133.53	0.50
Total	289.0	\$1,651.26					235.4	\$1,663.55	\$39.66				214.3	\$1,906.49	\$34.05
Hospital Outpatient															
Emergency Room	175.1	1,288.54	18.90	89%	104%		156.3	1,341.67	17.48	73%	110%		128.1	1,421.13	15.17
Surgical	6,500.4	3,452.29	71.56	89%	103%		723.5	3,541.15	6.95	73%	108%		19.1	3,697.13	5.90
Rad / Path	6,500.4	3,452.29	71.56	89%	103%		723.5	3,541.15	6.95	73%	108%		19.1	3,697.13	5.90
Other	1,033.3	52.88	4.35	93%	101%		579.5	29.49	14.13	71%	107%		4,626.2	30.78	11.87
Total	7,734.8	\$72.12	\$46.49				6,883.5	\$74.71	\$42.86				6,877.7	56.20	3.92
Other															
Ambulance	1,166.7	37.66	3.66	86%	100%		1,008.5	37.73	3.17	68%	100%		797.0	37.70	2.48
Other	1,166.7	37.66	3.66	97%	100%		323.7	44.91	1.21	92%	100%		306.9	45.04	1.15
Total	1,501.9	\$39.27	\$4.51				1,332.2	\$39.48	\$4.38				1,097.9	\$39.75	\$3.64
Professional															
Surgery	189.3	462.31	7.29	93%	103%		173.5	475.98	6.88	78%	107%		150.0	493.68	6.17
Office/Home Visits	73.8	96.09	0.59	98%	100%		72.1	96.19	0.58	94%	100%		69.5	96.35	0.56
Emergency Room Visits	129.6	114.93	1.35	89%	102%		160.9	132.09	1.77	73%	104%		131.9	134.95	1.46
Other Visits	429.6	120.92	3.14	89%	104%		379.7	114.23	3.61	71%	111%		306.1	122.28	3.12
Rad / Path	912.9	20.29	1.54	93%	101%		797.9	19.90	1.41	83%	95%		761.8	19.29	1.22
Other	1,160.1	72.33	6.99	93%	101%		1,078.9	72.46	6.52	87%	101%		956.8	73.38	5.65
Total	2,945.7	\$90.92	\$23.32				2,717.0	\$91.91	\$20.81				2,376.1	\$92.96	\$18.41
Off - Site Subtotal			\$117.38						\$107.71						\$92.95
On-Site															
Unit Costs			\$19.98	100%						100%					\$19.98
Pharmacy	24,180	\$27.44	\$55.28	94%	96%		22,787	\$26.33	\$49.39	88%	90%		20,700	\$26.66	\$42.53
Dispensing Fee			\$4.29						\$74.26						\$4.29
On-Site Subtotal			\$79.55						\$181.97						\$66.80
Total Medical Cost of Care			\$196.93						\$181.97						\$159.75
Admin			\$15.25						\$14.00						\$12.08
GRAND TOTAL			\$312.19						\$195.96						\$171.82

MILLIMAN

Office of Financial and Insurance Services

**Memorandum of Understanding with
MDOC
and
Resolution of Prisoner Complaints
Concerning Delivery of Health Care**

MEMORANDUM OF UNDERSTANDING
BETWEEN
MICHIGAN DEPARTMENT OF CORRECTIONS
AND
MICHIGAN OFFICE OF FINANCIAL AND INSURANCE SERVICES

On July 13, 2007, the Michigan Department of Management and Budget (DMB) released a Request for Proposal (RFP) for Michigan licensed managed care organizations (HMO) to bid for the delivery of prisoner health care for all Michigan Department of Corrections' (MDOC) Facilities, Camps, Special Alternative Incarceration, Re-entry Centers, and when the person is on prisoner status at the Electronic Monitoring Unit or Corrections Centers. The MDOC will be the Contract Administer on the contract.

HMOs are licensed and regulated by the Michigan Office of Financial and Insurance Services (OFIS). MCL 500.3571 allows HMOs to participate in state and federal programs, but the HMO must meet all statutory requirements while participating in these programs. However, section 3571 does allow HMOs to offer limited benefits as required by the specific state or federal program. It is the desire of the two State agencies to understand and agree how this program will be administered and regulated by each respective agency.

During the RFP process, questions were raised by potential vendors about how the certain aspects would be handled by both agencies. The remainder of this memorandum will address each of the areas.

1. Patient Right to Independent Review Act (PRIRA) [*MCL 550.1901 – 1929*] and Internal Appeal Process [*MCL 500.2213*]. It is agreed that both agencies will follow their current process, prisoner grievances (MDOC) and complaints and requests for independent review (OFIS). Both agencies will work jointly to seek a legislative change to exempt this program from the review process under PRIRA. The legislative change would be to make the MDOC grievance process the exclusive internal remedy for prisoner complaints related to the provision of health care. See attached for further discussion.

Until a legislative change can be made, HMOs will be required to review and decide prisoner complaints through their OFIS approved internal grievance process, including compliance with timeframes under PRIRA. Prisoners may file a request for an external review under PRIRA. The MDOC will also continue to use its internal grievance process.

2. Limited Benefits [*MCL 500.3571*]. The RFP details most of the health benefits that HMOs will be required to provide under this contract. HMOs may not be required to provide some benefits traditionally covered by HMOs such as organ transplant, some preventative care, weight loss, etc. Conversely, HMOs may be required to provide some

health benefits not traditionally covered by HMOs such as oral surgery. (*MDOC may want to add more specifics.*)

3. Service Areas [*MCL 500.3509*]. HMOs are required to have service area approval from the Commissioner before writing coverage in each county. The Commissioner confirms each HMO has an adequate comprehensive contracted provider network in each county before granting service area approval. HMOs can have different provider networks for the different products or lines of business written. The Commissioner currently grants service area approval by the following lines of business, commercial, Medicaid and Medicare. As part of the RFP process, OFIS understands that MDOC will allow a bidder to use its commercial or Medicaid service area approval to qualify to bid on the RFP. Given the unique characteristics of this RFP and this population of members, OFIS has indicated to MDOC that neither the commercial nor Medicaid service area approval may fully translate to an adequate provider network under this contract. Not all providers in the commercial or Medicaid provider network may agree to provide services under this contract. In the RFP, MDOC articulated its expectation for prisoner to provider ratios. These ratios may not directly correlate to the internal benchmarks of OFIS for granting service area approval. Therefore, OFIS will continue to explore the need to create a separate service area approval for this program for use in the future.
4. Certificates of Coverage [*MCL 500.3523 and 3525*]. HMOs are required to obtain prior approval from the Commissioner of all certificates of coverage and any changes to certificates of coverage. The HMOs will be responsible for seeking the Commissioner's prior approval of the certificate of coverage to be used under this contract. OFIS, by statute, has 60 days to review and make a determination on a certificate of coverage filing. This timeframe will need to be considered when certificates of coverage are developed or changed. OFIS will be confirming that the certificate of coverage meets the statutory requirements. MDOC plans to develop a standard certificate of coverage that will be used by all HMOs in this program. MDOC and the HMOs will need to work together to ensure that the certificate of coverage contains all of the information required in MCL 500.2212a, and other statutory requirements. The certificate of coverage shall clearly state that prisoners will be assigned physicians, and will not have an option to select physicians or go outside the HMO's provider network.

[*MCL 500.2212a*]. HMOs are required to provide each insured/enrollee a certificate of coverage. The HMO is responsible for demonstrating to OFIS compliance with this requirement. MDOC proposes providing electronic access to certificates of coverage in the library at each facility which all prisoners have access to use. Notices of the availability to the certificate of coverage will be posted in each housing unit, in orientation handbooks and through case managers. The certificate of coverage or notice will provide the name of the HMO vendor for each facility.
5. Rates [*MCL 500.3521*]. HMOs are required to obtain prior approval from the Commissioner for rates or any rate changes. Each HMO awarded a contract by MDOC/DMB will be responsible for making the appropriate filing with OFIS. As part of the filing, the HMO shall include any risk sharing provisions or performance guarantee

provisions. The Commissioner has 60 days to complete the review and make a determination on the rates.

6. Enrollee Board Members [*MCL 500.3511*]. HMOs are required to have a minimum one third of its Board of Directors comprised of enrollee members. MDOC may need to consider this requirement when selecting vendors. If the prisoner health care contract is an HMO's only business, it would be impossible for that vendor to comply with the statutory requirement. OFIS understands some HMOs may use their commercial, Medicaid or Medicare enrollee members to meet this requirement.
7. Member Satisfaction Surveys [*MCL 500.3580*]. HMOs are required to complete member satisfaction surveys to assist OFIS in preparing an annual consumer guide. The intent of the consumer guide is to allow a member to be informed before selecting an HMO for coverage. Since the prisoners will not be selecting HMOs, OFIS will not require HMOs to do member surveys for the prisoners. The Commissioner will still be able to publish an annual consumer guide based on other lines of business without measurements from this program.
8. Provider Agreements [*MCL 500.3529*]. HMOs are required to obtain prior approval from the Commissioner of standard formats for provider agreements. To the extent that HMOs develop and/or use different provider contracts to provide health care services under this program, the HMO will have to file those standard formats with OFIS for approval. OFIS has 30 days to review and make a determination on those agreements.
9. Sharing Information [*MCL 500.222*]. Many documents required to be filed with OFIS are public documents, and available for public inspection. OFIS posts HMO financial statements on a quarterly basis on its website. All financial statements filed with OFIS are prepared on a calendar year basis, not the State fiscal year. Any financial analysis by OFIS staff or confidential orders issued by the Commissioner would not be available. Given the MDOC's responsibility to monitor its vendors under the contract, the MDOC will determine what documents they may want to receive directly from the HMOs.
10. Timely Claim Payment [*MCL 500.2006*]. HMOs are required to pay clean claims within 45 days after receipt of the claim. Any claim not paid within 45 days is subject to 12% per annum rate of interest. HMOs are required to non-admit (not recognize as a valid receivable) any receivable that is over 90 days past due. Any amounts owed by MDOC to the HMOs would be subject to this requirement.
11. Risk-based Capital [*MCL 500.3551*]. HMOs are required to maintain an appropriate level of risk-based capital as calculated using the NAIC risk-based capital formula. The appropriate level is at least 200%, and a company action level could be triggered at anything below 250% if the RBC ratio is trending downward. Bulletin 98-02 further defines the regulatory level where the Commissioner may or is required to take action for any HMO that reports an RBC level below 200% (or 250%). Depending on the size of the premium collected and number of members each HMO will cover, HMOs shall review whether it will trigger an excess growth charge at the beginning of the contract.

HMOs will need to consider this factor also when determining if it has adequate capital and surplus to support this program.

12. Open Enrollment [*MCL 500.3537*]. HMOs are required to have an open enrollment period during each consecutive 12-month period. The program limits coverage to individuals incarcerated by MDOC. Enrollment occurs whenever a new prisoner enters a correctional facility. Therefore, no open enrollment period is required under this contract.

Effective date of the Memorandum of Understanding is January 1, 2008 through January 1, 2009, and can be continued with the agreement of both State agencies as long as there is a contract with a licensed managed care organization for prisoner health care.

Patricia L. Caruso, Director
Michigan Department of Corrections

Date

Linda A. Watters, Commissioner
Office of Financial and Insurance Services
Department of Labor and Economic Growth

Date

Resolution of Prisoner Complaints Concerning Delivery of Health Care

BACKGROUND

The Michigan Department of Correction has proposed delivering health care to prisoners through a managed health care system. An RFP was developed based on the principles of an HMO managed care product, customized to meet the unique circumstances of a prison health care environment. Bids are due September 28, 2007. Contracts must be awarded prior to the expiration of the existing contract in April 2008.

ISSUE

The Office of Financial and Insurance Services (OFIS) advised that an HMO-managed health care process within the MDOC would be subject to the review procedures under the "Patient's Right To Independent Review Act" (PRIRA). The PRIRA provides an insured person the right to request review of certain health care coverage adverse determinations made by health carriers. Prisoners are interpreted to be insured persons under the Act. The issue is whether or not a statutory change is required to facilitate DMB/MDOC contracting with HMOs for health services.

PROPOSED SOLUTION

As an alternative approach to a statutory change, MDOC is proposing a two-track grievance process. This may also serve as an interim solution, in the event that at a later date the evidence suggests that a statutory change is preferable. A two-track complaint process will therefore exist for prisoners to contest certain conditions of their health care services. In addition to the right to request external review under PRIRA of an adverse determination made by the HMO, prisoners will also have the right to grieve under the MDOC's existing grievance process.

It is anticipated that only a small number of prisoner grievances will result in the prisoner's request for review under PRIRA. A request for external review may be submitted only for an "adverse determination" which is defined in the Act as a "determination by a health carrier or its designee utilization review organization that an admission, availability of care, continued stay, or other health care service has been reviewed and has been denied, reduced, or terminated". The prisoner must first grieve the issue through the HMO's internal grievance process before submitting to OFIS for review by an Independent Review Organization and determination by the Insurance Commissioner. The vast majority of prisoner grievance issues have historically not involved matters that would meet the definition of an adverse determination.

In addition to the right to request review under PRIRA, prisoners will continue to have the right to seek redress for alleged violations of Department policy and unsatisfactory provision of health care services. Complaints that will continue to be issues subject to the Department's grievance process include timeliness of care, medication dispensing, poor practitioner behavior, cancelled appointments, objections to co-payment requirements, etc.

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The two complaint processes will function independently of each other. Only those cases that involve an adverse benefits determination are subject to review under PRIRA. The HMO and OFIS will therefore appropriately reject those that are not adverse benefits determinations if the prisoner for whatever reason requests external review. If the prisoner appropriately grieves his/her issue to the MDOC, the grievance will be decided under the current three-step grievance review process. The MDOC grievance and PRIRA review decisions will not be linked in anyway to require a prisoner to go through the HMO complaint process before submitting a grievance to the MDOC, nor will a prisoner be required to go through the MDOC grievance process before submitting a complaint to the HMO.

Once a prisoner has exhausted the MDOC grievance process, s/he has exhausted available remedies and may then seek to litigate the issue in federal or state courts. Once a prisoner has sought review of an adverse determination under PRIRA and obtained a final decision, s/he may seek judicial review of the OFIS decision or seek other remedies available under applicable federal or state law. A prisoner does not exhaust internal MDOC remedies by going only through the PRIRA review process.

RATIONALE

The rationale for a two-track complaint process includes the following factors:

1. It avoids the immediate need to engage the legislature in making statutory changes.
2. It does not mandate any new requirements for potential bidders.
3. It does not diminish the rights of the prisoners; to the contrary, it expands them.
4. PRIRA offers MDOC a new framework to streamline its own grievance process for improved documentation and efficiency.
5. It provides the MDOC an independent, external review on determination of care issues such as medical necessity, and thereby strengthens the Department's responses to litigation challenges.
6. It improves the MDOC risk management exposure through an enhanced grievance process.
7. It maintains the providers current level of protection from liability lawsuits, as opposed to relying solely on the MDOC grievance process.
8. It requires a more timely response to medical questions, reducing exposure for treatment delays.

While it is true that several factors will need to be addressed in order for this solution to be well implemented, careful planning will result in an avoidance of those confounding factors. For example, working with different administrations that may have different standards may result in unfamiliarity between the systems, these can be eliminated over time as a cause for concern.

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